

**U.S.—Japan Cooperative Medical Science Program  
Functional Genomics Conference  
Princeton University  
Princeton, New Jersey**

**September 4, 2003**

- ☐ Yes, I plan to attend the meeting on September 4, 2003.  
☐ Yes, I plan to attend the reception.

- ☐ No, I am unable to attend the meeting.  
☐ No, I am unable to attend the reception.

Dietary restrictions (food allergies, etc.): \_\_\_\_\_

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To help keep our records current, please furnish us with the information requested. **(Please type or write legibly and refrain from using acronyms.)**

**Name:**

**Degree:**

**Title:**

**Branch:**

**Department:**

**Organization:**

**Address:**

**City, State, Zip:**

**Phone:**

**Fax:**

**E-mail:**

**Special Needs** (handicap accessibility, sign-language interpretation, etc.): \_\_\_\_\_

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**Hotel Accommodations:**

A block of single, non-smoking rooms is being held at the Nassau Inn for out-of-town participants. The single or double room rate is \$139 plus 6% tax. You will be responsible for all hotel charges upon checkout. If you require hotel accommodations, please indicate your arrival and departure dates below. IQ Solutions' meeting staff will forward this information to the hotel.

- ☐ Yes, I **will** need hotel accommodations.      Arrival Date: \_\_\_\_\_      Departure Date: \_\_\_\_\_  
☐ No, I **will not** need hotel accommodations.

Please indicate special arrangements required: \_\_\_\_\_

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**Please return this form via fax no later than Friday, August 22, 2003, to:**

**Ms. Audra M. Scott  
IQ Solutions, Inc.  
11300 Rockville Pike, Suite 901  
Rockville, MD 20852  
(301) 984-1471, ext. 4340 • fax: (301) 984-1473  
e-mail: [ascott@iqsolutions.com](mailto:ascott@iqsolutions.com)**